



**Michigan Department of Agriculture** GD-305 (05-08)  
P.O. Box 30776, Lansing, MI 48909-8276 • 517-241-6666

In accordance with 1939 Public Act 141, as amended.

License No.: \_\_\_\_\_

Date Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Grain Dealer Merchandiser/Trucker License Application

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Status: ☐ New ☐ Renewal ☐ No Longer Needed

### Business Information

Business Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address if different from above: Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

**Blank Space**  
For Official Use Only

Federal/Tax ID #

### Corporate/Owner Information

Ownership Type: ☐ Corporation ☐ Sole Ownership ☐ Partnership ☐ L.L.C. ☐ Other: Specify \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Owner/President (CEO) Name: \_\_\_\_\_

Street Address of Corporation or Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name of Michigan Resident Agent (if applicable): \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_, MI Zip: \_\_\_\_\_

### License Fees

All classifications are under AOBJ: 0233

☐ **Grain Merchandiser \$473**

☐ **Grain Trucker (First Truck) \$210** (Number of Additional Trucks) \_\_\_\_\_ @ \$105 each: \$ \_\_\_\_\_

Payment Method: ☐ Check/Money Order No. \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

**Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.**

I hereby agree to comply with the provisions of Act No. 141 of the Public Acts of 1939, as amended, and the rules issued in accordance therewith, and further that the foregoing information is true and correct. I acknowledge that none of the events referred to in section 10 of the Grain Dealers Act have occurred within the past 5 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

Title: \_\_\_\_\_

Application continues  
on the back of this form

[www.michigan.gov/mda-licensing](http://www.michigan.gov/mda-licensing)

**Truck Information (if applicable)**

Year	Make	Serial/VIN Number	License Plate Number

A temporary receipt MUST be given to a producer at the time farm produce is picked up from the producer's premises. ATTACH one copy of the Temporary Receipt form you propose to use (and retain one copy for your file); also attach any other of your receipt forms.

**Bushels of Farm Produce Handled**

Total bushels of farm produce handled from producer(s) during the grain dealer's most recent completed fiscal year:  
\_\_\_\_\_ bushels.

**Grain Transactions (Check those applicable) (Submit one sample of each form)**

- |   |   |
|---|---|
| <input type="checkbox"/> Issuing Price Later Agreements     | <input type="checkbox"/> Cash                         |
| <input type="checkbox"/> Selling Grain of My Own Production | <input type="checkbox"/> Forward or Basis Contracting |
| <input type="checkbox"/> Other (Specify) _____              |   |

**Bonding Information** (Please provide a copy of the current bond or bonds)

Type of Bond: ☐ Warehouse Receipt Bond      Bond Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
☐ Deficiency Bond      Bond Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Capacity used for storage of warehouse receipted grain, grain bank, and open storage.

Name of Bonding Company: \_\_\_\_\_

Name of Bonding Company Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Insurance Information** (Please provide a copy of the current insurance)

Name of Insurance Company: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Limits of Insurance on Farm Produce Stocks: \$ \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

**Ownership**

Name: _____ % _____	Name: _____ % _____
Name: _____ % _____	Name: _____ % _____
Name: _____ % _____	Name: _____ % _____

Attach additional sheet if necessary.